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Pees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).   Application Number   10/734, 198-Conf. #4797		Complete if Known							
FEE TRANSMITTAL For FY 2006    Applicant claims small entity status. See 37 CFR 1.27   Application Type   Fee (3)	FEE TRANSMITTAL			Application Nu					
For FY 2006						ember 15, 2003			
Application Type Fee (\$) Fee (				First Named Inventor Xintia		an E. Lin			
METHOD OF PAYMENT (check all that apply)   Money Order   None   Other (please identify):				Examiner Name A. H		aroon			
METHOD OF PAYMENT (check all that apply)	Applicant claims small entity status. See 37 CFR 1.27			Art Unit	2618				
Check	TOTAL AMOUNT OF PAYMENT (\$) 790.00			Attorney Docket No. 4233		9-198341			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   X   Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    TEE CALCULATION	METHOD OF PAYMENT (check all that apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   X   Charge fee(s) indicated below, except for the filling fee   X   Charge fee(s) indicated below, except for the filling fee   X   Charge fee(s) indicated below, except for the filling fee   X   Credit any overpayments   X   Credit and Interest   X   S   Credit any overpayments   X	Check Credit Card Money Order None Other (please identify):								
X   Charge fee(s) indicated below   X   Charge fee(s) indicated below, except for the filing fee   X   Charge any additional fee(s) or underpayments of fee(s)   X   Credit any overpayments   X   Credit any overpaym	x Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Tee(s) under 37 CFR 1.16 and 1.17	X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
The provisional   1.00   1.0									
Provisional									
Application Type	1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type									
Design	Application Type Fe						Fees P	'aid (\$)	
Plant	Utility	300 15	500	250	200	100			
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Design 2	200 10	00 100	50	130	65			
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant	200 10	300	150	160	80			
Searce	Reissue 3	300 15	500	250	600	300			
Fee   S   Fee   S   Fee   S     Each claim over 20 (including Reissues)   50   25     Each independent claim over 3 (including Reissues)   200   100     Multiple dependent claims   Fee   S   Fee Paid   S   Multiple Dependent Claims     Total Claims	Provisional 2	200 10	0 0	0	0	0			
Each claim over 20 (including Reissues)  Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Claims  Fee (\$)  Fee Paid (\$)  Auditiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Auditiple Dependent Claims  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Claims  Fee (\$)  Fee Paid (\$)  Sheets or fraction and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)									
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Sheet Paid (\$)  Total Chaims  Extra Claims  Fee (\$)  Fee Paid (\$)  Sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)	ree description								
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Start Claims  Fee (\$)  Fee Paid (\$)  Start Claims  Fee (\$)  Fee Paid (\$)  The shighest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)	` `								
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HP = highest number of total claims paid for, if greater than 20.  Indep. Claims								1	
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4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)						Fee (\$)	Fee F	<sup>2</sup> aid (\$)	
Non-English Specification, \$130 fee (no small entity discount)	100 = /50 (round <b>up</b> to a whole number) x =								
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Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00									
	Other (e.g., late filing surchar	rge): 1801 Re	equest for conti	inuea examina	ation (RCE) (Se	e 3/	79	0.00	
SUBMITTED BY  Registration No. 24 504/53 935 Talanhara (202) 244 4903									
Signature Registration No. 31,594/53,825 Telephone (202) 344-4893  Name (Print/Type) James R. Bulldett/Marina V. Zelevsky. Date May 8, 2007	1 / / X				31,594/53,825	<u> </u>	<u> </u>		